

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/752528  
APPLICANT(S)

FILING DATE

41405

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.			2			
TOTAL DEP.			38			
TOTAL CLAIMS			40			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				